


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90027 012 ***150.00

DOCUMENT # P00000055344 1. Entity Name MARWOOD CENTER, INC.					
Principal Place of Business MARWOOD CENTER, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761		Mailing Address MARWOOD CENTER, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761			
2. Principal Place of Business - No P.O. Box # MARWOOD CENTER, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761		3. Mailing Address MARWOOD CENTER, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761			
Zip Country USA		Zip Country USA		4. FEI Number 59-3650268	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MINIERI, CARL N 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761			7. Name and Address of New Registered Agent MARWOOD CENTER, INC. 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MINIERI, CARL A 29656 US 19 N, STE 100 CLEARWATER, FL 33761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINIERI, CARL N 29656 US HWY 19 N STE 100 CLEARWATER, FL 33761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINIERI, RICHARD R 29656 US HWY 19 N STE 100 CLEARWATER, FL 33761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, CHRISTINE A 29656 US HWY 19 SUITE 100 CLEARWATER, FL 33761		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Carl Minieri</i></u> VP <u>4/26/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					